DOCUMENT RESUME

ED 377 409 CG 025 349

AUTHOR Seefeldt, Richard W.; Lyon, Mark A.
TITLE A Confluent Model of ACOA Outcomes: Implications for Assessment, Treatment, and Research.
PUB DATE Mar 92
NOTE 28p.; Paper presented at the Annual Meeting of the American Counseling Association (Baltimore, MD, March 27-30, 1992).
AVAILABLE FROM Richard W. Seefeldt, Dept. of Psychology, University of Wisconsin-River Falls, WI 54022.
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adult Children; *Alcoholism; Behavior Patterns; Coping; Interpersonal Competence; Models; Outcomes of Treatment; Parent Child Relationship; Parent Influence; *Personality Traits; *Psychological Characteristics
IDENTIFIERS *Adult Children of Alcoholics

ABSTRACT

Current conceptions of Adult Children of Alcoholics (ACOAs) are unable to account for recent research which suggests many of the characteristics used to describe ACOAs are not valid. These conceptions also fail to explain the documented heterogeneity among ACOAs with regard to life and therapeutic outcomes. In this paper, an alternative model of ACOA outcomes is formulated, which relies on self-schema theory, the social-cognitive constructs of behavioral self-regulation and self-efficacy, the influences of the "ecological environment," and objective signs and subjective symptoms of dysfunction. It is argued that the model provides a better "fit" to the empirical data concerning ACOA outcomes and carries implications for assessment, treatment, and future research with ACOAs. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 377 409

A CONFLUENT MODEL OF ACOA OUTCOMES: IMPLICATIONS FOR ASSESSMENT, TREATMENT, AND RESEARCH

Richard W. Seefeldt
University of Wisconsin-River Falls

Mark A. Lyon
University of Denver

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
M. LYON

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Running head: CONFLUENT MODEL

A former version of this paper was presented at the annual convention of the American Counseling Association, Baltimore, March 1992.

We gratefully acknowledge Amy Henning, a graduate student in school psychology, for her timely assistance with preparation of this manuscript.

Requests for reprints should be addressed to: Richard W. Seefeldt, Department of Psychology, University of Wisconsin-River Falls, River Falls, WI 54022.

CG025349

BEST COPY AVAILABLE

Abstract

Current conceptions of Adult Children of Alocoholics (ACOAs) are unable to account for recent research which suggests many of the characteristics used to describe ACOAs are not valid. These conceptions also fail to explain the documented heterogeneity among ACOAs with regard to life and therapeutic outcomes. In this paper, an alternative model of ACOA outcomes is formulated, which relies on self-schema theory, the social-cognitive constructs of behavioral self-regulation and self-efficacy, the influences of the "ecological environment," and objective signs and subjective symptoms of dysfunction. It is argued that the model provides a better "fit" to the empirical data concerning ACOA outcomes and carries implications for assessment, treatment, and future research with ACOAs.

A CONFLUENT MODEL OF ACOA OUTCOMES: IMPLICATIONS FOR ASSESSMENT, TREATMENT, AND RESEARCH

My joy, my grief, my hope, my sorrow,
Did all within this circle move.
A narrow compass.

Edmund Waller

In two previous studies of Adult Children of Alcoholics (ACOAs), we reported finding no differences between ACOAs and non-ACOAs in hypothesized personality characteristics (Lyon & Seefeldt, in press; Seefeldt & Lyon, 1992). The characteristics studied were those outlined by Woititz (1983) in her popular book, *Adult Children of Alcoholics*. Woititz's characteristics were investigated for several important reasons: (1) they are presented in the book as authoratative descriptions of ACOAs' personality, though no empirical data are cited to support their validity; (2) Woititz implies that the characteristics are universal in ACOAs, thereby tacitly encouraging clinicians to assume that nearly all ACOAs have problems that require treatment; (3) Woititz's characteristics have been widely adopted and used by ACOA treatment groups, despite a lack of confirmation of their validity; and (4) the characteristics have been widely disseminated to the public through the popular press, again though validation of their veracity is lacking.

In these studies, both clinical and non-clinical ACOAs were compared to controls on Woititz's 13 characteristics, using both standardized personality inventories and an objective checklist of personality descriptors. In both studies, expected differences were not found between ACOAs and non-ACOAs on any of the proposed characteristics. Additionally, the results of two separate discriminant function analyses indicated that using the characteristics to classify persons as either ACOA or non-ACOA was prone to a very high rate of error, and failed to reach the base rate of diagnostic accuracy by a considerable margin. In the second study, it was also reported that clinical ACOAs (those who had actively sought treatment) described their problems as largely revolving around relationship

difficulties with adult family members. Although this latter finding was viewed as tentative, it suggests that in addition to the well-supported notion that many ACOAs do not have problems that require treatment, when problems are encountered they reside largely in the interpersonal context of the family. Respondents indicated that other areas of personal, social, and occupational functioning were relatively unaffected by their ACOA status. Hence, rather than growing out of personality characteristics (which are assumed to be stable and consistent determinants of behavior), the difficulties some ACOAs experience are likely more sytemic in nature than personal.

Although these two studies were among the first to provide a direct empirical test of Woititz's characteristics, the results are highly consistent with other studies which have found ACOAs to be a heterogeneous group of individuals who defy simple categorization (Alterman, Searles, & Hall, 1989; Bernard & Spoentgen, 1986; Clair & Genest, 1987; Conboy & Golen, unpublished manuscript; Knowles & Schroeder, 1990; Plescia-Pikus, Long-Suter, & Wilson, 1988; Schuckit, Irwin, & Mahler, 1990; Venugopal, 1985). Our own and others' findings led us to conclude, ". . . it appears that Woititz's characteristics are not descriptive of any ACOA group. Unless new research findings emerge to support the usefulness of these characteristics, no other conclusion seems tenable. On the basis of these findings, we suggest that Woititz's characteristics no longer be used in clinical or non-clinical settings. In fact, it may be preferrable to suspend much of our "education" of ACOAs until we can confirm information about them both clinically and experimentally." (p. 24)

The fact that proposed personality characteristics of ACOAs have consistently received limited empirical support suggests they possess a dearth of explanatory power, both for understanding the problems some ACOAs experience, and for predicting significant life or therapeutic outcomes. However we, and other critics of the ACOA industry, have never argued that ACOAs are somehow immune to problems of adaptation - problems that in some cases may require treatment. What we have rejected is the notion

that *all* ACOAs inevitably experience such problems; and these problems are rooted in faulty or undesirable personality characteristics.

Clearly, the experience of growing up in a family with a problem drinker can, under certain circumstances, contribute to significant problems of adaptation. Such problems can even escalate to the point of rendering an individual ineffective in meeting the demands of daily living. But what one person experiences as negative or undesirable life events, another views as not problematic, increasing the likelihood of a more satisfactory level of coping and adaptation. What is needed then, is a confluent model that recognizes the plethora of personal, familial, and social variables that contribute to these heterogeneous outcomes for persons raised with a problem drinker. In the following sections of this paper, an alternative model of ACOA outcomes is delineated. We feel it has significant potential for better representing the heterogeneity of the ACOA population, better understanding the problems some ACOAs experience, and ultimately, better serving ACOAs in the implementation and evaluation of treatment approaches.

A Confluent Model of ACOA Outcomes

The model proposed here is an attempt to integrate recent findings on the heterogeneity of ACOAs with four additional lines of research: (1) Bandura's notions of the self-regulation of behavior (1978, 1986) and self-efficacy (1977, 1986); (2) Markus and Nurius' (1986) conception of "possible selves;" (3) other research findings concerning self-schemas (Markus, 1977) and the interactive nature of "self-other" understanding (eg. Carpenter, 1988; Catrambone & Markus, 1987; Damon & Hart, 1988; Deutsch & Mackesy, 1985; Hill, Smith, & Hoffman, 1988; Lewicki, 1984, 1985; Markus, Smith, & Moreland, 1987; Riggs & Cantor, 1984; Shapiro, 1988); and (4) Bronfenbrenner's (1977) ideas about the "ecological environment." It is important to recognize that the model is not intended as a final statement, but rather an initial attempt to provide a more comprehensive (and testable) understanding of individuals who are raised by a problem drinker.

In general, we perceive ACOAs levels of adaptation to vary as widely as the general

population, and to be a function of several important factors. Some of these factors, particularly those referred to as external, have been used by family systems researchers when discussing ACOAs. The proposed model goes well beyond these conceptions, however, adding a wider systems view and a social-cognitive component, which has been totally absent in prior conceptualizations. We will begin explication of the model by describing its various aspects, and commenting on how these various elements interact and affect one another. Next, a different way of conceptualizing ACOA outcomes is discussed, examining both objective and subjective dimensions of adaptation, rather than specific dispositional outcomes. Finally, some suggestions are offered for assessment, treatment, and future research with ACOAs.

Pre-Outcome Elements of the Confluent Model

As can be seen in Figure 1, the model consists of four major elements: (1) self-regulation, (2) self constructs, (3) external influences, and (4) outcomes. In this section, the focus will center on the first three elements, leaving outcomes for later consideration. Because these elements have been discussed at length by their original authors, only a brief overview will be provided here. Particular attention will be given to the potential relationships of the elements as they pertain to ACOA outcomes.

Self-regulation of behavior represents Bandura's (1978, 1986) explanation of how individuals "display considerable self-direction in the face of many competing influences" (1986, p. 335). Self-regulation is composed of three subprocesses - (1) self-observation, (2) judgmental processes, and (3) self-reaction. In self-observation, an individual monitors functionally significant aspects of behavior for the purpose of collecting data about the self's performance. What is monitored is a function of the individual's values in relation to behaviors that are considered important. In our conceptualization there are both pre- and post-event influences on this process. The predominant pre-event influences are self conceptions, or self-schemas. These self conceptions (which we will discuss in greater detail later) are themselves partially the product of the self regulation system.

Post-event influences are largely external, and include influences that may be personal (eg. communications of family members, friends, teachers, counselors, church officials, etc.) and/or cultural (eg. messages in popular literature, movies, the media, etc.). Another kind of post-event influence accrues from vicarious experience, where an individual monitors the behavior of significant others, shedding new light on past behaviors that were previously considered of little relevance. For example, a person may have a disagreement with a parent over his or her current hairstyle. But because the incident is viewed as minor, little energy is devoted to monitoring the interchange. Later, however, the individual reads in a popular psychology book on ACOAs that seemingly trivial disagreements with parents are seldom really trivial, but signify major flaws in interpersonal functioning that result from living with an alcoholic parent. Because the individual views the author of the book as an expert and considers the information presented to be accurate, it puts a spin on past experience, increasing its relevance, and becoming a salient factor in self-regulation.

After monitoring events, Bandura (1986) maintains an individual evaluates them against internal standards, derived from past experience and the performances of others. How one evaluates these performances is dependent on the value placed on the activities, and the attributions one makes about their outcomes.

Finally, self-reaction processes are the positive or negative statements and/or consequences applied to ourselves as a result of the judgmental process. These reactions are the very essence of what most adults are motivated to receive (eg. positive self-statements, patting self on the back, feeling good about oneself) and avoid (eg. self-contempt, self-deprecation). In Bandura's (1986) view, it is this continuous process of monitoring, judging, and reacting to behaviors that constitutes our high degree of self-regulation.

The self constructs element in the model operates interactively with self-regulation of behavior and external influences to help determine ACOA outcomes. Although there

are countless lines of research on the self, self-schema theory appears most relevant, as well as the notions of possible selves and self-efficacy. Possible selves (Markus & Nurius, 1986) are individuals' conceptions of what they might become, what they would like to become, as well as what they are afraid of becoming. They derive from past selves, but also contain aspirations for future selves. Because they necessarily contain both hope (for desirable possible selves) and fear (of undesirable possible selves), Markus and Nurius (1986) have argued that possible selves serve as powerful motivators of human behavior.

As human short-term memory is limited, only certain possible selves can operate at any one time. What determines accessibility of different possible selves is a variety of external influences and internal states. In our model, these internal states include self-efficacy and other sequels of the self-regulation process, while external influences can be described by Bronfenbrenner's (1977) notion of the ecological environment. Although most individuals admit to having more positive than negative possible selves, it is possible that subgroups of the population (eg. those who have significant mental health problems) have more negative than positive possible selves accessible in working memory. A similar circumstance would exist for subgroups of ACOAs. For example, a troubled ACOA may have a very influential possible self of an unimportant, depressed failure. Although this possible self could serve as a motivation to alter one's behavior, it might also make the individual less likely to persist on important tasks (Ruvolo & Markus, 1991), reinforcing a prior aspect of the self-schema of an unimportant failure.

But regardless of how they directly affect behavior, we hypothesize that working possible selves affect the self-observation process by helping to determine the value and functional significance of behaviors to be monitored; the judgmental process by affecting the internal standards one uses to appraise behavior; and the self-reaction process by influencing the kind and quality of self-reactions an individual selects. Almost concurrently, the result of the self-regulation process gives or removes credence to one or more possible selves, making them more or less accessible and, thus, influential in the

future.

Self-efficacy (Bandura, 1977, 1986) consists of both an expectation of how well one can perform a certain task (efficacy expectations) and a judgment of the probability of a certain outcome occuring given completion of the task (outcome expectations). In our model, self-efficacy interacts with possible selves reciprocally. Certain efficacy expectations may facilitate the emergence of possible selves consistent with that efficacy; and possible selves may facilitate the emergence of certain efficacy and outcome expectations. We view self-efficacy as influencing the self-regulation process in much the same way as possible selves, with it being most influential in the judgmental process, helping to determine internal standards and the valuation of activities. Self-efficacy is also influenced by the self-regulation process in that self-regulation helps shape expectations of future performance. Hence, both possible selves and self-efficacy have value in helping to explain various ACOA outcomes.

The final pre-outcome element of the model is external influences. Although many individuals have discussed the importance of external factors in the development of problems or as they pertain to adaptation, Bronfenbrenner's (1977) description of the ecological environment appears to be the most comprehensive. In discussing this concept, Bronfenbrenner adapts the terminology of Brim (1975) and proposes micro-, meso-, exo-, and macrosystems of influence. Microsystems constitute the relations bewteen a person and the environment in an immediate setting, such as his or her family. The effects a drinking parent might have on an individual family member is therefore an example of a microsystem influence. Examples of other microsystems include a child's school, peer group, and church. Mesosystems are the interrelations among major settings containing the person at any point in time, for example a parent-teacher conference which provides an interface between the microsystems of family and school. An exosystem is an extension of the mesosystem; however, it centers around social institutions that do not contain the person, but affect him or her indirectly by shaping and influencing the settings in which he

or she functions. Examples given by Bronfenbrenner include mass media, governmental agencies, and informal social networks. A macrosystem refers to the cultural prototypes or "blueprints" on which social structures and activities are founded. Most of these prototypes are informal. In attempting to understand ACOA outcomes, it is important to consider the influences of all these nested systems as they impact the individual.

External influences serve several functions and can have either positive/protective (eg. providing needed social support to individuals that facilitates adaptation) or negative/harmful (eg. undermining individual's attempts at coping and adaptation) effects on persons. For example, all of these systems influence the self-regulation of behavior. They affect the self-monitoring subprocess of self-regulation by helping determine the value of events, via pre- and post-event influences described earlier. External influences are also involved in the development of internal standards, social referential comparisons, and how one attributes causes to events. Finally, whether or how one should reward or punish a particular performance is also influenced by these systems.

These systems are also reciprocally acted upon by the self-regulation process, largely because any behaviors monitored by the individual, and any resulting judgmental and self-reactive processes will be viewed as confirmations or, in some cases, negations of the systems that spawned them. Hence, self-regulation can have a dynamic impact on the external influences of systems; however, in many cases this is unlikely because the prevailing ideas and standards emanating from such systems tend toward ignoring or absorbing propositions that seem to contradict them.

For example, the current macrosystem blueprint for alcohol and drug abuse in the United States is largely, if not totally, based on a disease model of alcoholism coupled with the ideology of Alcoholics Anonymous (AA) (Hester & Miller, 1986). This ideological blueprint directs the development of government policies, media presentations, school, church, and community programs, and many families' ideas about what it means to be an alcoholic or the child of an alcoholic. This ideology impresses upon individuals the

importance of noticing certain behaviors in themselves and others. Most Americans, for example, are encouraged to view drinking alcohol as a very important behavior to monitor. Those who consider themselves to be ACOAs, however, are also encouraged to monitor whether they are having difficulty having fun, whether they understand what constitutes normal behavior, whether they are super irresponsible or responsible, a few of their presumed characteristics. Such an individual may now place a greater value on these characteristics, making them a salient aspect of self-regulation. Once an individual accepts these characteristics as descriptive of his or her behavior, the validity of this external influence is confirmed and may become more firmly entrenched as a significant macrosystem that can exert even more influence on subsequent behavior.

These external systems can have a more direct influence on an individual's self-schemas, possible selves, and self- efficacy as well. Micro-, meso-, exo-, and macrosystems can serve to suggest a specific identity to a person, in this case the identity of an ACOA. It is easy to see how the incorporation of this identity into one's self-schema can impact the accessibility of old and the development of new possible selves, and the kinds of efficacy expectations one holds for various performances. These, in turn, will exert the kinds of influences on self-regulation described earlier and ultimately confirm the validity of the blueprint from which they originated. Thus, in our view, the current ACOA industry can be viewed as a growing macrosystem having some supportive, but many detrimental effects on those individuals whose self-schemas incorporate the ACOA identity.

ACOA Outcomes

At present, most literature concerning ACOA outcomes focuses on two broad domains (see Figure 2). One line of research has demonstrated that group differences sometimes exist between ACOA and non-ACOA groups with regard to the prevalence of certain problems or disorders (Calder & Kostyniuk, 1989; Clair & Genest, 1987; Knowles & Schroeder, 1990; Plescia-Pikus, Long-Suter, & Wilson, 1988). As mentioned in our

previous studies, however, these same researchers also find that in spite of observed group differences, there are many individual ACOAs who are undifferentiable from normals. The other line of research focuses on personality characteristics of ACOAs. Although early writings on this topic appeared promising to many, research has consistently failed to support the validity of these presumed characteristics. In view of these findings, we take a different approach.

According to Millon (1991), there are two classical indicators of psychological disorder - objective signs and subjective symptoms. In our model, these signs (adaptive or maladaptive behaviors) and symptoms (feelings of well-being or distress) are the outcomes of a complex web of interactions among self-regulation, self contructs, and external influences. The various pathways of the interactions allow for tremendous differences among ACOAs in both their levels of adaptation (assessed in terms of behaviors) and subjective experience (assessed in terms of conscious recollections and interpretations of experience, including moods, thoughts, attitudes, and feelings). Each of the two outcome dimensions is viewed as a continuum ranging from high or positive (eg. many adaptive behaviors; subjective feelings of well-being) to low or negative (eg. many maladaptive behaviors; subjective feelings of distress). Each dimension has as its reference points an ideal of mental health and competence at the top, and its prototypical opposite at the bottom. Theoretically, each ACOA can be located somewhere along each of these dimensions to reflect his or her status with regard to signs and symptoms of dysfunction (or mental health). Although it is most likely that objective and subjective outcomes would parallel each other, it is at least theoretically possible that an individual could rank "high" on one dimension and "low" on the other. This is a major departure from current ACOA literature which assumes that all ACOAs have a unique kind of pathology which is the singular result of living with an alcoholic parent. Our view is that, like persons in the general population, a particular ACOA may be functioning very well as assessed on both outcome dimensions, very poorly as assessed on both dimensions, or well on one

dimension and poorly on the other. The total number of possibilities is of course limitless, implying heterogeneity of outcomes for ACOAs, as is the case for most other persons.

Figure 3 depicts the different kinds of outcomes possible. For the sake of discussion, we have arbitrarily divided each dimension into quadrants, resulting in 4 general and 16 specific kinds of outcomes. It should be kept in mind, however, that the two outcome dimensions are viewed as continuous. They have been transformed to discontinuous variables only because it is easier to discuss four general outcome types as opposed to an infinite array.

Each of the four general outcomes is depicted by one of the quadrants in Figure 3. The first quadrant would include ACOAs who are functioning very well, as evidenced by a high number of adaptive behaviors and a subjective sense of well-being. There are a host of potential explanations for this outcome using the elements of the model. For example, an individual might define his or her parent's excessive drinking as not particularly relevant to self or negative in its consequences. Yet, even if he or she defined it as both relevant and negative, there are an assortment of micro-, meso-, macro-, and exosystem influences (eg. social support from other adult family members, extrafamilial adult models, peers, school, church, books, movies, etc.) which may have served as protective factors, influencing the development of positive possible selves, adaptive internal standards, and adequate efficacy and outcome expectations. The popular literature on ACOAs has eschewed the possibility of this kind of outcome; but in the confluent model this outcome is not only possible, but likely for many ACOAs.

Quadrant 4 represents the group of ACOAs that have many maladaptive behaviors and subjective feelings of distress. For these individuals, perhaps external influences have not been particularly supportive (or even damaging), they lack accessibility to positive possible selves or have failed to develop them, and have low efficacy for a wide range of activities. Such persons are quite obviously the most appropriate candidates for treatment. In this case, however, treatment appears warranted based on both objective signs and

subjective symptoms of dysfunction, rather than unsupported personality characteristics indiscriminantly applied to all children of problem drinkers.

Quadrant 2 includes ACOAs who have a subjective sense of well-being, but whose observable behavior is maladaptive. We believe that a low percentage of ACOAs would fall into this category. Nevertheless, we might find individuals who have had maladaptive models with very low or dysfunctional internal standards, but who do not view these experiences negatively. Such individuals likely would not seek help, but be referred for treatment from other sources.

Finally, quadrant 3 consists of ACOAs who have many adaptive behaviors, but experience a great deal of subjective distress. It is likely that these persons have difficulty accessing positive possible selves, or have such high internal standards they consider themselves to be failures, despite objective evidence that most of their behaviors are highly adaptive.

Clearly, this model of ACOA outcomes goes well beyond previous ones in accounting for the well documented heterogeneity of the ACOA population. We acknowledge, however, that further research needs to be conducted to assess the validity of our outcome dimensions and ascertain the likelihood of each of the four major outcomes described. Further research is also needed to determine which combinations of pre-outcome elements are most important at different levels of development.

Implications for Assessment and Treatment

There are numerous implications for both assessment and treatment of ACOAs that derive from our model. The assessment of individuals who are troubled by the fact that one of their parents had or has a drinking problem ideally should be executed within each element of the model. Various aspects of the self-regulation process, including the internal standards used by the individual, the attributions and self-reactions made, and the valuation of key activities pertaining to the client's difficulties should be thoroughly assessed. External influences, including those of the family, other important adults, the peer group,

schools, church and community groups, as well as the more indirect influences of media and other cultural factors should be carefully evaluated. Assessment of these external influences should be conducted with a specific view toward identifying untapped social support or protective factors that would assist the individual in achieving a higher level of adaptation. An individual's self-schemas, in particular possible selves and efficacy and outcome expectations, should also be assessed. In making appraisals of these various elements, a counselor will possess a much more comprehensive picture of potential sources of problems experienced by a particular ACOA, and be in a better position to develop a specific treatment plan that best fits the client's needs.

There may well be some general treatment strategies that work best for persons in three of the four general outcome quadrants. For example, ACOAs whose outcomes are best depicted by quadrant 4 are in need of the most comprehensive treatment. All of the pre-outcome elements would need to be assessed in detail, and treatment strategies which increased efficacies for a variety of important tasks, developed various coping skills and adaptive behaviors, facilitated the development of positive possible selves, and altered several aspects of the judgmental subprocess of self-regulation would likely be warranted.

ACOAs best depicted by quadrant 3 would present for counseling with subjective symptoms. The foci of therapy for such individuals might include the specific situations in which they experience discomfort, alteration of internal standards to a more realistic level, and increasing efficacy for troublesome situations. Since these individuals have many adaptive behaviors, the particular strengths of the client could be drawn upon by counselors to help effect desired change. Quite likely, therapy for these individuals would center most on cognitive and affective processes.

As mentioned earlier, it is unlikely that many ACOAs would be described by quadrant 2. However, if referred for treatment, the focus of therapy might be largely behavioral, emphasizing the acquisition of important coping and interpersonal skills. Appropriate modeling of both adaptive behaviors and internal standards would likely be of

great importance.

ACOAs who are best depicted by quadrant 1, are not in need of treatment of any kind. As mentioned earlier, we view this to be an outcome descriptive of many, if not the majority of ACOAs. Our experience, however, suggests that at present a number of these individuals are shepherded into treatment simply because they are ACOAs, despite the fact they seem to function well as measured by most any standard. It is primarily for these individuals that we have argued current ACOA literature and treatment practices may be harmful.

In order to prevent unnecessary distress for ACOAs who are sometimes "pressured" into treatment, a few practical suggestions are offered. First, advertising for ACOA counseling should make very clear that treatment is offered only for those who are *troubled* about their experience of growing up with a problem drinker. ACOAs who are not troubled by this experience, and who appear to function adaptively in their personal, social, and occupational environments, should not be encouraged to participate. Such persons should also not be told they are "in denial" when asserting they feel no need for this kind of treatment. Further, this subgroup of ACOAs should be carefully studied, much like Kobasa's (1979) "hardy" individuals, in an effort to discover what combinations of factors are most responsible for their positive outcomes.

Conclusion

Skinner (1981) has devised a three-stage procedure for construct validation research in classification. He maintains that first, a stage of theory formulation should occur, in which various constructs and their relationships with each other, external factors, treatments, and outcomes are described. The second stage is primarily concerned with internal validation; that is, operationalization of the constructs and statistical evaluation of the hypothesized relationships. The final stage concerns external validation, in which the connections between constructs and actual treatments and outcomes are evaluated. One aspect of this evaluation is clinical validity, or the perceived meaningfulness of the model to

practicing clinicians. It seems that the development of ACOA classification has ignored the first two stages of Skinner's procedure, and jumped directly to the third. The dangers of such an approach are apparent in previous research which found many ACOA treatment approaches to be grounded on clinical hunches that have no empirical support (Lyon & Seefeldt, in press; Seefeldt & Lyon, 1992).

We feel that a new model of ACOA outcomes in warranted, and in the previous pages have outlined one we believe is better able to: (1) account for group differences between ACOAs and non-ACOAs; (2) account for the heterogeneity of outcomes found among ACOAs; (3) account for the fact that some ACOAs describe their problems as centering around relationship difficulties with adult family members; and (4) generate testable hypotheses about a number of factors that may influence ACOA outcomes, thereby increasing our understanding of potential problems and informing treatment.

An important consequence of our model is that ACOA outcomes are influenced by the same factors that influence outcomes for all persons. Hence, the model may have a wider applicablity than just to ACOAs. As is the case with many of the elements of the model, further research is needed to address this issue.

References

Ackerman, R.J. (1983). *Children of Alcoholics.* New York: Simon and Schuster, Inc.

Alterman, A.I., Searles, J.S., & Hall, J.G. (1989). Failure to find differences in drinking behavior as a function of familial risk for alcoholism: A replication. *Journal of Abnormal Psychology, 98,* 50-53.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84,* 191-215.

Bandura, A. (1978). The self system in reciprocal determinism. *American Psychologist, 33,* 344-358.

Bandura, A. (1986). *Social foundations of thought and action:A social cognitive theory.* Englewood Cliffs, NJ: Prentice-Hall.

Barnard, C.P. & Spoentgen, P.A. (1986). Children of alcoholics: Characteristics and treatment. *Alcoholism Treatment Quarterly, 3,* 47-65.

Beidler, R.J. (1989). Adult children of alcoholics: Is it really a separate field for study? *Drugs and Society, 3,* 133-141.

Brim, O.G. (1975). Macro-structural influences on child development and the need for childhood social indicators. *American Journal of Orthopsychiatry, 45,* 516-524.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32,* 513-531.

Calder, P. & Kostyniuk, A. (1989). Personality profiles of children of alcoholics. *Professional Psychology: Research and Practice, 20,* 417-418.

Carpenter, S.L. (1988). Self-relevance and goal-directed processing in the recall and weighting of information about others. *Journal of Experimental Social Psychology, 24,* 310-322.

Catrambone, R. & Markus, H. (1987). The role of self-schemas in going beyond the information given. *Social Cognition, 5,* 349-368.

Clair, D. & Genest, M. (1987). Variables associated with the adjustment of offspring of alcoholic fathers. *Journal of Studies on Alcohol, 48,* 345-355.

Conboy, J.K. & Golen, D.J. (1990). *Adult children of alcoholics characteristics and family environment: A failure to validate and a partial failure to replicate.* Unpublished manuscript.

Damon, W. & Hart, D. (1988). *Self-understanding in childhood and adolescence.* New York: Cambridge University Press.

Deutsch, F.M. & Mackesy, M.E. (1985). Friendship and the development of self-schemas: The effects of talking about others. *Personality and Social Psychology Bulletin, 11,* 399-408.

Dodge, K.A. & Tomlin, A.M. (1987). Utilization of self-schemas as a mechanism of interpretational bias in aggressive children. *Social Cognition, 5,* 280-300.

Goodman, R.W. (1987). Adult children of alcoholics. *Journal of Counseling and Development, 66,* 162-163.

Hill, T., Smith, N.D., & Hoffman, H. (1988). Short note: Self-image bias and the perception of other persons' skills. *European Journal of Social Psychology, 18,* 293-298.

Knowles, E.E. & Schroeder, D.A. (1990). Personality characteristics of sons of alcohol abusers. *Journal of Studies on Alcohol, 51,* 142-147.

Kobasa, S.C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37,* 1-11.

Lewicki, P. (1984). Self-schema and social information processing. *Journal of Personality and Social Psychology, 48,* 463-474.

Lewicki, P. (1985). Nonconscious biasing effects of single instances of subsequent judgments. *Journal of Personality and Social Psychology, 48,* 563-574.

Lyon, M.A. & Seefeldt, R.W. (in press). Failure to validate personality characteristics of Adult Children of Alcoholics: A replication and extension. *Alcoholism Treatment Quarterly.*

Markus, H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology, 35,* 63-78.

Markus, H. & Nurius, P. (1986). Possible selves. *American Psychologist, 41,* 954-969.

Markus, H., Smith, J., & Moreland, R.L. (1985). Role of the self-concept in the social perception of others. *Journal of Personality and Social Psychology, 49,* 1494-1512.

Miller, W.R. & Hester, R.K. (1989). Treating alcohol problems: Toward an informed eclecticism. In R.K. Hester & W.R. Miller (Eds.), *Handbook of alcoholism treatment approaches: Effective alternatives.* New York: Pergamon Press.

Millon, T. (1991). Classification in psychopathology: Rationale, alternatives, and standards. *Journal of Abnormal Psychology, 100,* 245-261.

Morey, L.C. (1991). Classification of mental disorder as a collection of hypothetical constructs. *Journal of Abnormal Psychology, 100,* 289-293.

Plescia-Pikus, M., Long-Suter, E., & Wilson, J.P. (1988). Achievement, well-being, intelligence, and stress reaction in adult children of alcoholics. *Psychological Reports, 62,* 603-609.

Riggs, J.M. & Cantor, N. (1984). Getting acquainted: The role of the self-concept and preconceptions. *Personality and Social Psychology Bulletin, 10,* 432-445.

Ruvolo, A. & Markus, H. (1991). Possible selves and performance: The power of self-relevant imagery. *Social Cognition, 9,*

Schuckit, M.A., Irwin, M., & Mahler, H.I. (1990). Tri-dimensional personality questionnaire scores of sons of alcoholic and nonalcoholic fathers. *American Journal of Psychiatry, 147,* 481-487.

Seefeldt, R.W. & Lyon, M.A. (1992). Personality characteristics of Adult Children of Alcoholics. *Journal of Counseling and Development, 70,* 588-593.

Shapiro, J.P. (1988). Relationships between dimensions of depressive experience and evaluative beliefs about people in general. *Personality and Social Psychology Bulletin, 14,* 388-400.

Skinner, H.A. (1981). Toward the integration of classification theory and methods. *Journal of Abnormal Psychology, 90,* 68-87.

Venugopal, M. (1985). Emotional problems of the children of alcoholic fathers. *Child Psychiatry Quarterly, 18,* 114-117.

Woititz, J.G. (1983). *Adult Children of Alcoholics.* Hollywood, FL: Health Communications, Inc.

Figure 1

A CONFLUENT MODEL OF ACOA OUTCOMES

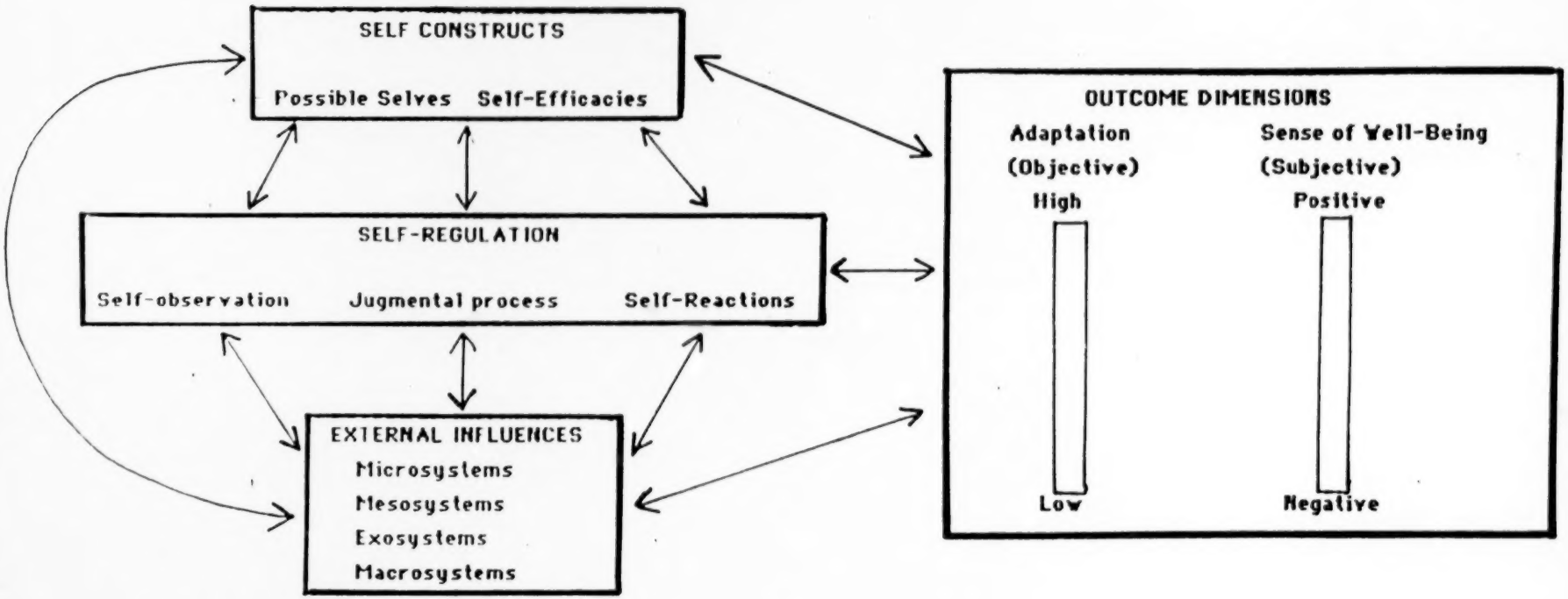

Figure 2

PREVIOUS MODELS OF ACOA OUTCOME

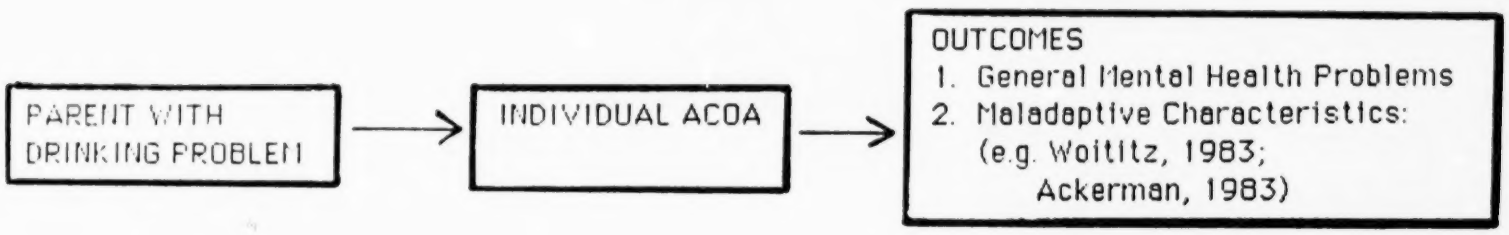

Figure 3

POSSIBLE ACOA OUTCOMES